ADULT RESPIRATORY EMERGENCIES

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

FIELD ASSESSMENT/TREATMENT INDICATORS

Symptoms of chronic pulmonary disease, wheezing, cough, pursed lip breathing, decreased breath sounds, accessory muscle use, anxiety, ALOC or cyanosis.

BLS INTERVENTIONS

1. Reduce anxiety, allow patient to assume position of comfort.

2. Administer oxygen as clinically indicated, obtain O_2 saturation on room air, or on home oxygen if possible.

LIMITED ALS (LALS) INTERVENTIONS

1. Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain O_2 saturation on room air or on home oxygen if possible.

2. Nebulized Albuterol 2.5 mg, may repeat twice.

ALS INTERVENTIONS

1. Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain O_2 saturation on room air or on home oxygen if possible.

2. Nebulized Albuterol 2.5 mg, with Atrovent 0.5 mg may repeat twice.

3. Place patient on Continuous Positive Airway Pressure (CPAP) as per protocol.

4. Consider advanced airway per ICEMA Reference #10050 - Nasotracheal Intubation.

5. Base Station physician may order additional medications or interventions as indicated by patient condition.

ACUTE ASTHMA/BRONCHOSPASM

FIELD ASSESSMENT/TREATMENT INDICATORS

History of prior attacks, possible toxic inhalation or allergic reaction, associated with wheezing, diminished breath sounds or cough.

BLS INTERVENTIONS

1. Reduce anxiety, allow patient to assume position of comfort.

2. Administer oxygen as clinically indicated, humidified oxygen preferred.

LIMITED ALS (LALS) INTERVENTIONS

1. Maintain airway with appropriate adjuncts, obtain O_2 saturation on room air if possible.

2. Nebulized Albuterol 2.5mg, may repeat twice.

3. For signs of inadequate tissue perfusion, initiate IV bolus of 300 cc NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus.

4. If no response to Albuterol, give Epinephrine 0.3 mg (1:1,000) SC. Contact Base Station for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.

5. May repeat Epinephrine 0.3 mg (1:1,000) SC after 15 minutes.

6. Base Station physician may order additional medications or interventions as indicated by patient condition.

ALS INTERVENTIONS

1. Maintain airway with appropriate adjuncts, obtain O_2 saturation on room air if possible.

2. Nebulized Albuterol 2.5 mg, with Atrovent 0.5 mg may repeat twice.

3. For signs of inadequate tissue perfusion, initiate IV bolus of 300 cc NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus.

4. Place patient on Continuous Positive Airway Pressure (CPAP) as per protocol.

5. If no response to Albuterol, give Epinephrine 0.3 mg (1:1,000) SC. Contact Base Station for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.

6. May repeat Epinephrine 0.3 mg (1:1,000) SC after 15 minutes.

7. For suspected allergic reaction, consider Diphenhydramine 25 mg IV, or 50 mg IM.

8. For persistent severe anaphylactic shock, administer Epinephrine 0.1 mg (1:10,000) slow IV push. May repeat as needed to total dosage of 0.5 mg.

9. Consider advanced airway per ICEMA Reference #10050 - Nasotracheal Intubation.

10. Base Station physician may order additional medications or interventions as indicated by patient condition.

ACUTE PULMONARY EDEMA/CHF

FIELD ASSESSMENT/TREATMENT INDICATORS

History of cardiac disease, including CHF, and may present with rales, occasional wheezes, jugular venous distention and/or peripheral edema.

BLS INTERVENTIONS

1. Reduce anxiety, allow patient to assume position of comfort.

2. Administer oxygen as clinically indicated. For pulmonary edema with high altitude as a suspected etiology, descend to a lower altitude and administer high flow oxygen with a non re-breather mask.

3. Be prepared to support ventilations as clinically indicated.

LIMITED ALS (LALS) INTERVENTIONS

1. Maintain airway with appropriate adjuncts, obtain O_2 saturation on room air if possible.

2. Nitroglycerine 0.4 mg sublingual/transmucosal with signs of adequate tissue perfusion. May be repeated as long as patient continues to have signs of adequate tissue perfusion. Do not use or discontinue NTG in presence of hypotension (SBP <100).

3. Nebulized Albuterol 2.5 mg, may repeat twice, if nitro is not working.

ALS INTERVENTIONS

1. Maintain airway with appropriate adjuncts, obtain O_2 saturation on room air if possible

2. Nitroglycerine 0.4mg sublingual/transmucosal one every three (3) minutes as needed. May be repeated as long as patient continues to have signs of adequate tissue perfusion. **If a Right Ventricular Infarction is suspected, the use of nitrates requires Base Station contact.**

3. Place patient on Continuous Positive Airway Pressure (CPAP) as per protocol.

4. Consider advanced airway per ICEMA Reference #10050 - Nasotracheal Intubation.

5. Base station physician may order additional medications or interventions as indicated by patient condition.

6. In radio communication failure (RCF), the following medications may be utilized.

    a. Dopamine 400 mg in 250 cc NS titrated between 5 - 20 mcg/min to maintain adequate tissue perfusion.

    b. Nebulized Albuterol 2.5 mg with Atrovent 0.5 mg after patient condition has stabilized.

REFERENCE

Number	**Name**
10050	Nasotracheal Intubation